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PTO FAX NO.: 571-273-8300

ATTENTION: Examiner Roy D. Gibson

Group Art Unit 3739

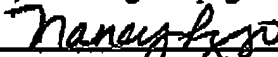
**OFFICIAL COMMUNICATION
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EXAMINER Roy D. Gibson**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of JAMES JOYE et al., Application No. 10/785,503, filed February 23, 2004 for CRYOSURGICAL FLUID SUPPLY are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 37

Dated: 8 November 2005


Nancy Pizzo

Documents Attached

1. SB/21 - Transmittal Form
2. Suppl. Information Disclosure Statement
3. SB/08A and 08B
4. Copy of European Search Report (5 pgs)
5. Copy of WO 95/30379

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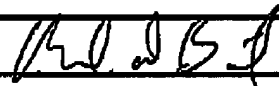
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
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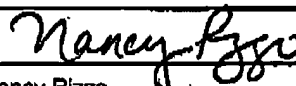
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/785,503
	Filing Date	February 23, 2004
	First Named Inventor	Joye, James
	Art Unit	3739
	Examiner Name	Roy D. Gibson
Total Number of Pages in This Submission	Attorney Docket Number	018468-000650US

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">▪ References (2)</div>
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Mark D. Barrish		
Date	8 November 2005	Reg. No.	36,443

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I hereby certify that this correspondence is being facsimile transmitted on the date stated below to the US Patent and Trademark Office at:			
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Typed or printed name	Nancy Pizzo	Date	8 November 2005

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By: Wandy Pizzo
Wandy Pizzo

PATENT

Atty. Docket No.: 018468-000650US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JAMES JOYE et al.

Application No.: 10/785,503

Filed: February 23, 2004

For: CRYOSURGICAL FLUID SUPPLY

Confirmation No. 9888

Examiner: Roy D. Gibson

Art Unit: 3739

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT
UNDER 37 CFR §1.97(i) and §1.98**

Mailstop: Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The reference(s) cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed.

As this Supplemental Information Disclosure Statement is being filed after payment of the Issue Fees for this case, Applicants understand that this information disclosure statement will be placed in the file, but will not be considered by the Office pursuant to 37 C.F.R. § 1.97(i).

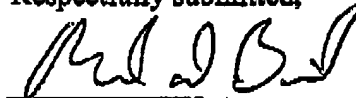
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Application No.: 10/785,503
Supplemental Information Disclosure Stmt. faxed November 8, 2005
Page 2

PATENT

This Supplemental Information Disclosure Statement is being filed after the payment of the Issue Fees for this case, solely so as to be placed in the file. Accordingly, Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Mark D. Barrish
Reg. No. 36,443

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
MDB:nap
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NOV 08 2005

PTO/SB/C&A (08-03)

Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number	10/785,603
		Filing Date	February 23, 2004
		First Named Inventor	Joye, James
		Art Unit	3739
		Examiner Name	Roy D. Gibson
Sheet 1	of 2	Attorney Docket Number	018468-000850US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-			
	AB	US-			
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	AD	US-			
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	AF	US-			
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	AT	US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ³
		Country Code ⁴	Number ⁴	Kind Code ² (if known)				
	AU	PCT	WO 95/30379	A2	16 Nov 1995	Goddard, Robert et al.		<input type="checkbox"/>
	AV							<input type="checkbox"/>
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PTO/SB/P&B (09-03)

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete If Known	
		Application Number	10/785,503
		Filing Date	February 23, 2004
		First Named Inventor	Joye, James
		Art Unit	3739
		Examiner Name	Roy D. Gibson
Sheet	2	of	2
		Attorney Docket Number	018468-000650US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	BC	Supplementary European Search Report under Article 157(2)(a) EPC, European Patent Office (02 September 2005) 5 pgs (4).	
	BD		
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